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ABSTRACT

The document presents findings of a task force on services to disturbed children in Illinois which focuses on services relating to early identification and treatment during infancy and early childhood. A review of research showed that services during early childhood can effectively help many individual children toward living more fully functional lives and such services can also lower the need for more intensive and extensive later services. The task force found that services are being delivered effectively to some children in some part of the state; but there exists a lag in the availability of quality programs and in accessibility for all children in need. Recommendations were made in four areas: development of public awareness and education, provision for early detection and referral, ensuring early treatment and followup, and development of an ongoing program of research and evaluation. (SBH)

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REPORT I:

SERVING YOUNG CHILDREN AND THEIR FAMILIES

Developed by
The Task Force on
Services for Disturbed
Children

Authorized by
The Planning Consortium for Children's Services
Springfield, Illinois
October, 1979

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SERVING YOUNG CHILDREN AND THEIR FAMILIES

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STATEMENT OF POSITION
BY
THE PLANNING CONSORTIUM FOR CHILDREN'S SERVICES

The State of Illinois must make a commitment to implementing a process and structure for development of a comprehensive state plan for children. Although the Planning Consortium recognizes that full achievement of such a plan is a long-range goal, it was with this goal clearly in mind that the current project was undertaken.

The recommendations contained herein represent initial components designed to provide needed services now and to allow effective incorporation into a comprehensive system later.

The Directors of the Planning Consortium voted approval of this document for their support on October 2, 1979. It is presented to readers as the concensus of the Board of Directors of this agency.

INTRODUCTION

In January of 1978, the Board of Directors of the Planning Consortium for Children's Services in Illinois created the Task Force on Services to Disturbed Children and charged it with developing recommendations relating to:

1. Guidelines for decision-making;
2. Home-based and placement-based services;
3. Mandates and responsibilities;
4. Structures and processes for delivery.

The Task Force initiated its work by establishing a general framework of the problem and a set of principles which would guide the search for solutions.

The problem was defined as the need to provide appropriate preventative and treatment services to all disturbed youth and their families. Disturbed youth were defined as those who are dysfunctional in areas of social relationships and emotional development, i.e., functioning at a social and/or affective deficit level.

The principles and concepts of an appropriate service system were established as including the following:

1. It is necessary to develop a broad continuum of services to comprehend the broad range both of types of problems and of severity of disturbance.

2. Coordination of services and a range of resources are critical to appropriate delivery and continuity of services.

3. It is desirable to support and maintain the integrity of natural families, thus services must be family- and community-oriented and must minimize dislocations. Priority should be on family support rather than on placements.

4. A diversity of services and approaches is needed, in order to respond to the wide diversity of family structures, cultural and religious values, and life styles. The rights of families to make individual decisions and choices must be respected. Thus, any service system must be accessible regardless of the socio-cultural characteristics of the family in need of access.

A tentative working model of a service delivery system was then drawn up in order to provide a long-range overview while early, individual components were investigated.

It is important to note that both the general overview and the specific recommendations for the first phases of work which are reported here recognize that the critical need in Illinois is not so much for new services, but for better development and coordination of existing services. For example, the state currently provides some good screening services, but they are not implemented for every child in every location, and adequate follow through is often lacking.

While keeping the long-range overview in mind, the Task Force has initially focussed its attention on the first contact period of services, infancy and early childhood, and on the least intense service levels of prevention, early identification and treatment. This report will deal with the findings and recommendations for this period and these levels. Our focus represents the members' belief that early services are in general both more change-effective and more cost-effective. It must be emphasized, however, that the Task Force believes a continuum of a full range of services is needed, with this report relating only to the early components of that continuum.

The Task Force functioned under certain agreed-upon assumptions.

1. Many factors, both environmental and individual, interact in varying ways and in varying degrees to produce what society classifies as a "disturbed" child -- genetics, birth problems, nutrition, housing, family dynamics, other factors, all contribute to the complexity of causes. The areas for preventative efforts, then, encompass a broad range of interacting factors. Funds for new programs are, however, extremely limited, as are established facts regarding what works most effectively. The Task Force decided to confine itself pragmatically to addressing the question. What changes are feasible to seek within the resources and information currently available?

2. In assessing what results might reasonably be expected from changes in services delivery, the Task Force acknowledged that:

   Early identification and treatment of some indicator conditions known to produce later disabilities can successfully prevent the development of the disabilities;

   Other conditions, if identified and treated early, can be greatly alleviated, so that their development is less severe and the need for services is less intense;

   Some disabling conditions will develop fully, in spite of efforts to prevent and alleviate them. In these instances, early intervention can assist these individuals to cope both with their individual disability and with their environment more effectively, and to achieve a higher level of self-sufficiency, than would otherwise be likely;

   In most situations, the environmental stresses on the individual and the family can be reduced.

3. A range of more intensive services for severely disabled persons will always be needed. The purposes of targetting early prevention and assistance as a priority are to minimize the number of individuals who subsequently require intensive services and to lessen the ultimate cost by lessening the frequency of need for use of these services.

The group approached its work in the following manner:

1. Written reports were reviewed and individuals interviewed to learn about findings from research, and about laws and funding;

2. People administering and involved in current programs were interviewed to learn about practices, procedures, plans, observations of needs and of program results, and funding;

3. Programs were sampled and studied, to investigate on-site practices and applications, results and needs;

4. Recommendations were sought from all these sources;

5. Final recommendations were developed and prioritized.

The pages that follow describe some of the findings of the group's study and set forth our priority recommendations.

The recommendations are limited and realistic. They can be implemented now.

WHAT RESEARCH CAN TELL US

Although there is a substantial body of research on infants and young children and their families, the Task Force was primarily concerned with two facets. These were: First, studies showing direct cause-and-effect relationships and identifying effective interventions; and, second, studies showing correlations between given conditions and later problems, such as to signal a need to target these conditions likewise for intervention. A full listing of sources of information is found on pages 29 -- 31. What follows here is a review of some of the significant facts upon which the Task Force based its recommendations.

The effects of poor nutrition in a pregnant woman upon her developing child have been well documented in many studies. These include prematurity, mental retardation, neurological imperfections, poor bone formation, digestive difficulties, and other problems with which the newborn infant is likely to be hampered. The negative effects of inadequate nutrition in young children during the fast development years from birth through age 3 are equally well documented. Still other studies carried out in connection with nutrition programs designed to serve these two populations have shown strikingly lowered incidences of occurrence of these and other problems in the program populations in comparison to the same problems reported in data on like, but poorly nourished, populations.

An example of a specific nutritional defect which, unless discovered and treated early, will later develop into irreversible mental retardation, is phenylketonuria (PKU). This metabolic condition

can be treated through a controlled diet program begun in the early weeks of life, thus preventing the onset of the expected retardation. By a simple blood test, taken shortly after birth, the presence of PKU can be detected.

The same specimen of blood can also be used to test for hypothyroidism, another condition that results in later, severe retardation, and medical management early in life can prevent the development of retardation for these children, too.

Some other conditions that are known indicators of developmental lacks can also be ameliorated through early detection and follow-up services. Those conditions which may not yield to direct intervention strategies can be eased by support services that enable the individual and the family to cope better, thus lessening stress and improving the quality of their lives.

Prematurity of birth, for example, has shown a high correlation with a variety of later difficulties, including learning disabilities, problem relationships within families, (these children are more often targets of child abuse than are full-term children), physical defects, and other problems.

Common correlates of prematurity, such as low birth weight, (under five pounds), and low APGAR scores, usually signal lags in neurological development.

The APGAR test, given shortly after birth and named after Dr. Virginia Apgar, has also become an acronym for Appearance, Pulse, Grimace, Activity, and Respiration, factors utilized in the scales. The APGAR score at five minutes after birth has been shown to be

significantly related to Bayley mental and motor scales given at eight months. It correlates with more variance on the four-year Stanford Binet than do other neonatal measures.

At Loyola University Stritch School of Medicine's Perinatal Pre-Start Clinic, data on infant responsiveness indicate wide variations in abilities of newborns. Children who are born prematurely appear to function at less capable levels of neurological development than do full-term infants, capabilities varying with degree of prematurity and other factors. Staff theorized that these babies thus required different patterns of interaction with their parents than did full-term babies, and so set about charting infant abilities and corresponding interaction needs. Armed with this information and with support services from staff, parents have shown themselves well able to develop successful interactive relationships with their prematurely born infants. Expectations are that children whose parents have been able to establish these more successful patterns with them will, in follow-through studies, evidence lowered incidence of emotional and behavioral disorder, as well as of child abuse and neglect.

Infant and early childhood educators have long claimed that early services could prevent the development of many later problems. Research strongly supports this position.

Reporting on longitudinal evaluations of preschool programs, Ryan reviewed eight projects aimed at offsetting progressive retardation. Early in-home and preschool programs, she found, did evidence high correlations with elevation of IQs, lowered occurrence of special

education placements, and avoidance of repetition of school grades and classes.

Follow-through studies of children who had participated in the Ypsilanti Perry School Project showed that, following two years of preschool programming accompanied by weekly home visits, the experimental children maintained into adulthood these significant gains: Higher academic achievement; greater social adjustment and emotional maturity; fewer members on welfare; than did the control group.

In addition to the savings due to reduction of need for expensive special education and other related services, the projected lifetime earnings of experimental children, (who were considered more likely to finish school and find jobs than were the control children in light of retention of measured characteristics), would clearly support the cost effectiveness of early childhood services.

Head Start programs have shown similar results in developing academic and social-emotional skills in their clientele. In addition, child health studies have indicated that the health status of Head Start program children was improved through the encouragement of improved nutritional practices and higher rate of immunization. There was documented decrease in cases of anemia and in incidence of absenteeism.

Although the Task Force can certainly identify gaps in information that can be obtained from available research studies, the findings to date are too consistent to ignore. Services during early childhood can effectively help many individual children toward living more fully functional lives. Such services can also lower the need for more intensive and extensive, (i.e., more costly), later services.

MODEL SERVICES IN ILLINOIS

Throughout the State of Illinois, a number of services targetted for young children and their families are already being offered, many via public funding or delivery, some private, still others under some combination of public and private resources. The belief that programs which can maintain or improve the status of children at risk will show cost benefits in their later productivity and independence is well supported by these providers.

The Department of Public Health administers the Women, Infants and Children (WIC) Nutrition Program, a 99% Federally funded program, in certain target ares across the state. Under this program, a food supply, medical assessment, and nutritional counseling and services are provided to low income families to alleviate the detrimental effects of malnutrition and dietary deficiencies. The Maternal Infant and Child Care Project, (65% Federally funded), provides prenatal and postnatal care for targetted populations of pregnant women and their newborns. The Child and Youth Programs of the Chicago Public Health Department, with the same percentage of Federal funding, will provide health care to children from low income families on a walk-in basis.

Such programs for prenatal and early care can reduce the incidence of congenital anomalies and can ameliorate the lowered health status of children in need of such services.

Perinatal programs for high risk newborns and PKU Screening and Dietary Supplement Programs, (with approximately 55% Federal funding), are designed to prevent increases in severity and alleviation of disabilities.

Cost benefits follow from reduced need for residential services and incidence of lifetime dependency. A dramatic example of contrasting results is found in one family, where a child with PKU born prior to mandated screening and follow-through service has been in residential placement most of his adolescent life, while his younger brother, screened and provided treatment, is living at home and attending regular school.

Screening for PKU and for hypothyroidism through the Department of Public Health and dietary supplemental programs in the Division of Services for Crippled Children are in place, and provide critical help to two low incidence populations.

Another early indicator of children at risk, the Apgar Scale, is left to the discretion of the individual doctor to record or to follow up. No systematic follow-up to this measure of potential and existing special needs currently exists.

Other health programs such as Medichek, through the Department of Public Aid, and Child Hearing and Vision Screening, through the Department of Public Health, provide for periodic health assessments. Follow-through does not always meet identified needs, however.

Those programs that provide only for screening, sometimes using staff limited to paraprofessionals and volunteers, are of little value when there are no provisions for follow through with, for example, expensive professional prescriptions for glasses, medical treatment, or hearing aids. Screening must be followed by notification to parents, and, where needed, assistance with follow through purchases and treatment must be made available.

The Macomb 0 - 3 Outreach Project is an example of an early intervention project that offers training and counseling for parents along with programming for infants, where infants are identified as possessing, or at risk of developing, handicapping conditions. The Bureau of Education for the Handicapped has funded this and other similar programs as three-year demonstration projects for provision of services to young, handicapped children.

Some early identification and stimulation projects somewhat like the BEH projects have been funded through community grants-in-aid under the Department of Mental Health and Developmental Disabilities.

Neither public awareness and information, nor referral services at time of suspected risk to assure securing of proper programs for all infants in need, have been effectively established. In the case of Downs Syndrome, a congenital chromosomal anomaly, many hospitals and doctors fail to link parents into early infant stimulation programs, even though such programs have proven invaluable in accelerating acquisition of developmental skills.

One program among those studied --Family Focus--concentrated on families of children under three years of age without identification of "at risk" as a requirement for services. Providing a hospitable meeting place, in concert with a broad range of supportive, educational, and recreational programs and referral to community resources, Family Focus Centers involve the parents and children both together and separately. The Centers attempt to help parents cope with the pressures and crises of parenthood and the stresses encountered in society. The Centers are also programmed to assist with parenting needs of specialized groups of parents such as foster parents or teenage mothers.

The Chicago Department of Human Services, Children and Youth Services Division, maintains Title XX Day Care programs, Head Start and Parent/Child programs designed to address low income and other special needs for day care and early education services. Although both target populations and geographic areas served are limited, this agency offers a prototype for other communities to utilize as a structure to link community concerns directly to Federal dollars.

The Rock Island Homestart Program employs outreach workers to solicit the participation of parents in a cooperative effort to improve parenting skills and to assist in child development exercises. This program, like the Macomb Outreach Project and other projects, has demonstrated that it is possible to obtain voluntary parental participation in early intervention efforts, a critical factor, since research discussed earlier points to voluntary involvement in parent-professional teamwork as one of the keys to successful results.

Most of the model programs discussed operate through Federal funding with matching funds from state and community agencies. They serve some children well. Not all eligible children are reached, though. Insuring that these children receive services to which they are entitled is the responsibility of groups such as Health Service Agencies, Mental Health Boards, local school districts, and other designated agencies.

The pool of children in need, however, exceeds current guidelines for eligibility.

The Task Force, in sum, found that available research has identified many of the components of quality, cost-effective programs for children 0 - 5 years old, and that services are being delivered

effectively to some children in some areas of the state. These programs can and do affect the quality of life for individual children and their families, increasing their productivity and independence. There exists, unfortunately, a lag in the availability of quality programs and in accessibility for all children in need.

Public awareness of research results would support the provision of such services through community planning agencies and the circulation of information about and referral to the services.

Public accountability requires that a small percentage of monies allocated to the provision of services continue to be directed to the monitoring and evaluation of the services, in order to extend information about what works and what is needed. The goal is not simply the provision of services but, rather, the improvement of the quality of life for children and families through quality, cost effective programs.

RECOMMENDATIONS

The Task Force was impressed by the services which have been developed in various localities around our state. Most of the components of a quality system of services to prevent disturbances in children and to help those who may become disturbed are present in one locality or another. What is lacking is an overall system that delivers these services in a coordinated manner to those children and families in need, with appropriate linkages and follow through. Our recommendations, therefore, support the development of a comprehensive system that will provide the needed continuum.

We are convinced that it is greatly to the state's advantage to ensure that appropriate intervention occurs at an early age. These problems can become quite costly to society as a child matures; even worse, they tend to become less amenable to treatment. Therefore, any additional expenses which are generated by these recommendations can be expected to be offset by later savings.

The services proposed here may be more broadly focussed than might seem necessary to deal with the problems of disturbed children. At this time, we are dealing with causes and prevention more than with treatment. The combination of causes that produce later disturbances frequently include unresolved early developmental and environmental problems.

We are able to determine with a high degree of probability the incidence of development of later problems when certain conditions are present, even though we cannot predict with like certainty the exact nature of the problem that will develop for a given individual.

Problems of health, mental health, delinquency, special education and developmental disorders all have origins in similar situations. Thus, a combination of preventive services is necessary.

Recommendations that are presented will fall into four areas:

I. Development of public awareness and education,

II. Providing for early detection and referral,

III. Ensuring early treatment and follow-up,

IV. Development of on-going program of research and evaluation.

Recommendations deal with needs ranging from those which are urgently confronting us to those which are needed for "rounding out" the system. The recommendations also range from costing millions of dollars per year to being essentially organizational and without additional dollar cost to the state.

It is a temptation to place highest priorities on the easiest and cheapest recommendations in order to achieve something quickly. This approach would ignore two important facts. First, some of the costly recommendations are pivotal to the success of some of the inexpensive ones. Second, some of the costly ones address critical issues which require immediate attention. Moreover, piecemeal solutions are part of the current problem and need to be avoided.

PRIORITY RECOMMENDATIONS

SERVICES WHICH ARE CURRENTLY AVAILABLE SHOULD BE EXPANDED AND BETTER COORDINATED TO ENSURE THAT THEY ARE AVAILABLE TO ALL IN NEED; THERE SHOULD BE APPROPRIATE FOLLOW-THROUGH WHEN PROBLEMS ARE DETECTED.

Our first set of recommendations is, therefore, directed toward developing a means of mandating and coordinating these services. These are directed to the State Health Planning and Development Agency. We believe it must adopt as priority programs for Illinois the first two recommendations of this Report. The recommendations are in line with items 5, 6, 8 and 10 of the National Health Priorities as established under P.L. 93-641, to wit:

"5. The development of multi-institutional arrangements for the sharing of support services necessary to all health service institutions;

"6. The promotion of activities to achieve needed improvements in the quality of health services, including needs identified by the review activities of Professional Standards Review Organizations;

"8. The promotion of activities for the prevention of disease, including studies of nutritional and environmental factors affecting health and the provision of preventive health care services;

"10. The development of effective methods of educating the general public concerning proper personal (including preventive) health care and methods for effective use of available health services."

RECOMMENDATION ONE

The pivot upon which such a program rests must be an individual who is responsible for ensuring contact, service delivery, coordination and follow-through. A model for such a position is available in the Home Visitor Public Health Nurse. We have chosen the title Health Outreach Worker (HOW) for the position to distinguish it. Several areas of the state have similar positions now, others have had them in the past. England furnishes one model for the comprehensive program such as we propose.

WE RECOMMEND THAT HEALTH OUTREACH SERVICE BE MADE AVAILABLE TO EVERY FAMILY OR PARENT AT LEAST DURING THE PRENATAL PERIOD AND THE FIRST YEARS OF LIFE.

Frequency of contact would vary depending on identified needs of an individual child and family, but certain minimum contacts would be made with all families. Based on current fertility rates of about 15 per 1000, approximately one HOW for every 10,000 population would be required. This ratio would provide for a case load of 150 new births each year, and a total of approximately 1,100 such positions would be required throughout the state. This is a maximum figure. Not all of these 1,100 would be new positions.

The individual should be employed by the local public health department, or, where none exists, by the state Department of Public Health or a contract agency. The Health Outreach Worker position would be defined by each regional Health System Agency to fit needs as they identify them. However, duties of the HOW must include:

1. Contact each home where there is a new infant. Answer health-related questions. Distribute information to the new parent(s) on health and other services that are available and how to obtain them. Inform parent(s) of signs of developmental problems and whom to contact, if they suspect difficulty. Conduct, with parental permission, screening for early signs of developmental disorders.
2. Recontact home on a regular schedule, with decreasing frequency as a child matures.
3. When developmental or environmental problems are detected, assist parent(s) in contacting appropriate support services,

such as: Family Services, Public Aid, Special Education, Mental Health, etc.

4. Seek parental permission to pass information to the necessary agencies; maintain frequent contact when this is not obtained.

RECOMMENDATION TWO

THE REGIONAL HEALTH SYSTEM AGENCY MUST ALSO ENSURE THAT ALL CHILDREN RECEIVE SCREENING SERVICES.

While the specific form of delivery will vary according to the nature and needs of the area, the following should typically be present:

1. Screening on site (possibly by an itinerant team), at day care centers. Head Start Programs, migrant centers, community centers, schools and other places, where feasible and appropriate; in homes, where family situations preclude travel to group sites.
2. Expansion of present hearing and vision screening to include all children and other detectible physical problems;
3. Periodic (at least annual) screening for preschoolers to include such criteria as height, weight, vital signs, evidence of scoliosis, condition of skin, and other factors professionally designated as appropriate.
4. A system for obtaining parental permission to record data at the screenings and to use it in case-tracking, and to refer cases to appropriate agencies when problems are detected.
5. Regular immunization programs, as appropriate.

FURTHER RECOMMENDATIONS

We now move on to the series of recommendations which are necessary for the development of a system of services which will ensure that the minimum number of children progress beyond early childhood without treatment of debilitating disorders.

RECOMMENDATION THREE

THE STATE HEALTH PLANNING AND DEVELOPMENT AGENCY AND HEALTH FACILITY LICENSING AGENCIES, HEREIN AFTER REFERRED TO AS THE STATE HEALTH CARE AGENCIES, SHALL REQUIRE THAT ALL HOSPITALS AND CLINICS WHICH ARE INVOLVED IN PRENATAL DELIVERY AND POSTNATAL CARE WILL PROVIDE INSTRUCTIONAL PROGRAMS FOR THEIR CLIENTS

The caregiver will clearly inform the parents of the availability and contents of the program, including indicators of developmental problems and resources that are available to them. The instructional program will cover parenting skills, detection of developmental disorders, and rights to and availability of resources. One function of the instructional program will be to initiate personal contacts among new parents.

RECOMMENDATION FOUR

THE DEPARTMENT OF CHILDREN AND FAMILY SERVICES, IN COOPERATION WITH OTHER STATE AND PRIVATE AGENCIES, WILL PROMOTE A PUBLIC AWARENESS CAMPAIGN THROUGH THE POPULAR MEDIA TO INFORM PARENTS OF CRITICAL ISSUES FOR CHILD WELFARE.

Such a campaign would include, but not be limited to, issues such as nutrition, immunization, rights to services, early signs of developmental disorders, et al. Components of such a campaign might

include spot announcements on radio and TV, leaflets in utility bills and at clinics and day care centers, a newsletter to new parents, and phone information services to answer questions parents might have in regard to child care. Some of these materials would be distributed by the HOW in home visitations.

RECOMMENDATION FIVE

ALL SCHOOLS SHALL BE REQUIRED TO OFFER COURSES IN CHILD DEVELOPMENT AND PARENTING AT THE JUNIOR HIGH AND HIGH SCHOOL LEVELS, THESE CLASSES TO INCLUDE INSTRUCTION ON NORMAL DEVELOPMENT, DEVELOPMENTAL PROBLEMS, RIGHTS TO AND SOURCES OF AID FOR FAMILY AND OTHER PROBLEMS.

RECOMMENDATION SIX

THE STATE HEALTH CARE AGENCIES SHALL REQUIRE THAT PERSONS ATTENDANT TO THE DELIVERY OF NEWBORN CHILDREN AND/OR PROVIDING POSTNATAL CARE SHALL BE RESPONSIBLE FOR ASSESSING, RECORDING AND REPORTING INFORMATION WHICH MIGHT BE PREDICTIVE OF LATER DISABILITIES, WHETHER MENTAL, PHYSICAL OR DEVELOPMENTAL.

This information should include such indicators as:

Low Apgar Score, (taken at specified times after birth),

Stressful or Confused Family Structure,

Age of Parents at Either Extreme,

Age of Siblings or Other Children in Household,

Indications of Problems of Parent/Child Bonding, (based on observations and conditions such as, for example, prematurity or separations),

Presence of Handicapped, Disturbed, or Mentally Ill Sibling, Parent or Other Household Member,

Medical Problems Which Might be Indicative of Brain Damage.

Parents shall be carefully informed of the problems, and their permission shall be sought to refer them to appropriate services and to forward the information to the service provider. This record shall then be retained for later reference, shall be transmitted, as authorized by the parent, to later medical care givers of the child and other referral agencies.

RECOMMENDATION SEVEN

THE STATE HEALTH CARE AGENCIES SHALL REQUIRE THAT PERSONS AND AGENCIES PROVIDING PRENATAL CARE SHALL SEEK DATA ON FAMILY HISTORIES AND FAMILY CONDITIONS WHICH MAY BE PREDICTIVE OF DISTURBANCE, MENTAL ILLNESS, OR DEVELOPMENTAL DISABILITIES.

When at-risk situations are identified, the expectant parent(s) shall be informed, and their permission will be sought to refer the case to an appropriate follow-up agency. Predictive criteria will include but not be limited to:

Drug or Alcohol Abuse by Mother,

Poor Nutrition of Mother,

Age of Mother,

Poor Physical or Mental Health of Mother,

Stressful or Unstable Family Situation.

RECOMMENDATION EIGHT

TRAINING INSTITUTIONS AND CERTIFICATION BOARDS SHALL ENSURE THAT OBSTETRICIANS, MIDWIVES, NURSES, AND OTHER PERSONS DEALING WITH PRENATAL CARE AND DELIVERY, SHALL BE TRAINED IN CHILD DEVELOPMENT, IDENTIFICATION OF EARLY SIGNS OF PROBLEMS AND THE VALUE OF EARLY DETECTION AND TREATMENT.

They shall be prepared to identify and act upon high risk situations by informing parents, seeking permission to transmit information and making appropriate referrals.

RECOMMENDATION NINE

THE STATE BOARD OF EDUCATION SHALL REQUIRE ALL LOCAL EDUCATION AGENCIES TO CONDUCT AN ANNUAL SCHOOL/PRE-SCHOOL CENSUS IN ORDER TO DETERMINE THE EXISTENCE OF UNDETECTED CHILDREN WHO MIGHT BE ELIGIBLE FOR SPECIAL EDUCATION SERVICES.

Results of this census shall be available to local school district, to the Health Outreach Worker, and to the Department of Mental Health regional and subregional Child and Adolescent Coordinators. Known incidence of disabilities can allow for a general assessment of success in reaching eligible children and for improved planning and delivery.

RECOMMENDATION TEN

IN-SERVICE AND CONTINUING EDUCATION, SUCH AS CONTINUING MEDICAL EDUCATION, SHALL BE REQUIRED FOR MD'S, PRESCHOOL WORKERS, AND OTHERS DEALING WITH PREGNANT WOMEN AND/OR YOUNG CHILDREN TO INFORM THEM ABOUT SOCIAL SERVICES, HANDICAPPING CONDITIONS, NUTRITION AND OTHER CRITICAL ISSUES RELATED TO PREVENTING THE DEVELOPMENT OF DISTURBANCES AND DISABILITIES.

These persons are not necessarily expected to treat the problems, but must be knowledgeable of their symptoms in order to detect them and of the resources available for treatment. They are the appropriate agents in society to perform this function.

RECOMMENDATION ELEVEN

THE STATE BOARD OF EDUCATION SHALL ENCOURAGE THE

DEVELOPMENT OF CHILD CARE FACILITIES CONNECTED TO EDUCATION/TRAINING SITES, SO AS TO PROVIDE OPPORTUNITIES FOR BOTH YOUNGER AND OLDER PARENTS TO RETURN TO SCHOOL AT ANY LEVEL, FROM GRADE SCHOOL THROUGH ADULT EDUCATION PROGRAMS.

These child care programs will be considered as an integral part of the educational programs as often as appropriate to provide training in and credit for parenting and homemaking skills. They may also serve to develop linkages among parents.

RECOMMENDATION TWELVE

FOR CHILDREN WITH AT-RISK SIGNS, APPROPRIATE PERSONNEL SUCH AS HOWs, HOSPITAL SOCIAL WORKERS, PEDIATRICIANS, OR OTHERS AS NOTED IN RECOMMENDATIONS ABOVE, SHALL ACQUAINT PARENTS WITH SOURCES OF FOLLOW-THROUGH ASSISTANCE AND ASK FOR PERMISSION TO RELEASE CHILD'S NAME TO THE FOLLOW-THROUGH SOURCE.

HOWs should follow through referrals made from medical sources with home visits made on a priority basis, and maintain contact for long-term follow-up. A list of at-risk children should be reported monthly to regional offices of the Department of Public Health for transmittal to HOWs and to the Department of Mental Health and Developmental Disabilities' Child and Adolescent Coordinator.

RECOMMENDATION THIRTEEN

THE STATE BOARD OF EDUCATION AND THE DEPARTMENT OF PUBLIC HEALTH SHALL PROMOTE THE EXPANSION OF EXISTING EARLY CHILDHOOD PROGRAMS FOR CHILDREN WITH SPECIAL NEEDS, SO AS TO ENSURE SERVICE TO THE POPULATION IN NEED.

These will include such programs as Head Start/Home Start, 0-3 Special Education and Prenatal Clinics for low income mothers.

They shall be prepared to identify and act upon high risk situations by informing parents, seeking permission to transmit information and making appropriate referrals.

RECOMMENDATION NINE

THE STATE BOARD OF EDUCATION SHALL REQUIRE ALL LOCAL EDUCATION AGENCIES TO CONDUCT AN ANNUAL SCHOOL/PRE-SCHOOL CENSUS IN ORDER TO DETERMINE THE EXISTENCE OF UNDETECTED CHILDREN WHO MIGHT BE ELIGIBLE FOR SPECIAL EDUCATION SERVICES.

Results of this census shall be available to local school district, to the Health Outreach Worker, and to the Department of Mental Health regional and subregional Child and Adolescent Coordinators. Known incidence of disabilities can allow for a general assessment of success in reaching eligible children and for improved planning and delivery.

RECOMMENDATION TEN

IN-SERVICE AND CONTINUING EDUCATION, SUCH AS CONTINUING MEDICAL EDUCATION, SHALL BE REQUIRED FOR MD'S, PRESCHOOL WORKERS, AND OTHERS DEALING WITH PREGNANT WOMEN AND/OR YOUNG CHILDREN TO INFORM THEM ABOUT SOCIAL SERVICES, HANDICAPPING CONDITIONS, NUTRITION AND OTHER CRITICAL ISSUES RELATED TO PREVENTING THE DEVELOPMENT OF DISTURBANCES AND DISABILITIES.

These persons are not necessarily expected to treat the problems, but must be knowledgeable of their symptoms in order to detect them and of the resources available for treatment. They are the appropriate agents in society to perform this function.

RECOMMENDATION ELEVEN

THE STATE BOARD OF EDUCATION SHALL ENCOURAGE THE

DEVELOPMENT OF CHILD CARE FACILITIES CONNECTED TO EDUCATION/TRAINING SITES, SO AS TO PROVIDE OPPORTUNITIES FOR BOTH YOUNGER AND OLDER PARENTS TO RETURN TO SCHOOL AT ANY LEVEL, FROM GRADE SCHOOL THROUGH ADULT EDUCATION PROGRAMS.

These child care programs will be considered as an integral part of the educational programs as often as appropriate to provide training in and credit for parenting and homemaking skills. They may also serve to develop linkages among parents.

RECOMMENDATION TWELVE

FOR CHILDREN WITH AT-RISK SIGNS, APPROPRIATE PERSONNEL SUCH AS HOWs, HOSPITAL SOCIAL WORKERS, PEDIATRICIANS, OR OTHERS AS NOTED IN RECOMMENDATIONS ABOVE, SHALL ACQUAINT PARENTS WITH SOURCES OF FOLLOW-THROUGH ASSISTANCE AND ASK FOR PERMISSION TO RELEASE CHILD'S NAME TO THE FOLLOW-THROUGH SOURCE.

HOWs should follow through referrals made from medical sources with home visits made on a priority basis, and maintain contact for long-term follow-up. A list of at-risk children should be reported monthly to regional offices of the Department of Public Health for transmittal to HOWs and to the Department of Mental Health and Developmental Disabilities' Child and Adolescent Coordinator.

RECOMMENDATION THIRTEEN

THE STATE BOARD OF EDUCATION AND THE DEPARTMENT OF PUBLIC HEALTH SHALL PROMOTE THE EXPANSION OF EXISTING EARLY CHILDHOOD PROGRAMS FOR CHILDREN WITH SPECIAL NEEDS, SO AS TO ENSURE SERVICE TO THE POPULATION IN NEED.

These will include such programs as Head Start/Home Start, 0-3 Special Education and Prenatal Clinics for low income mothers.

RECOMMENDATION FOURTEEN

COMMUNITY MENTAL HEALTH ORGANIZATIONS SHALL FOSTER THE DEVELOPMENT OF PARENT PEER SUPPORT GROUPS TO PROVIDE SUCH SERVICES AS A LOCAL HOT LINE, OTHER CRISIS INTERVENTION, AND ON-GOING INFORMAL LINKAGES.

RECOMMENDATION FIFTEEN

UNDER THE GUIDANCE AND SUPPORT OF THE DEPARTMENT OF CHILDREN AND FAMILY SERVICES, RESPITE CARE DROP IN CENTERS SHALL BE DEVELOPED ON A COMMUNITY LEVEL TO SUPPORT PARENTS AND CHILDREN, PROVIDING CRISIS INTERVENTION COUNSELING PROTECTIVE CUSTODY, AND CHILD CARE FOR ABUSED/NEGLECTED CHILDREN OR BATTERED PARENTS.

RECOMMENDATION SIXTEEN

THE DEPARTMENT OF CHILDREN AND FAMILY SERVICES AND THE DEPARTMENT OF MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES SHALL PLACE SIGNIFICANT EMPHASIS ON THE PROVISION OF SUPPORT TO THE FAMILIES OF EXCEPTIONAL CHILDREN.

For the child who must be removed from the parents for some reason, the caregiving placement shall be provided all necessary professional support. Foster parents might be paid specified increments for a child functioning with a disability, in order to meet exceptional costs and obtain special training.

RECOMMENDATION SEVENTEEN

TREATMENT FOR CHILDREN AND THEIR FAMILIES SHALL BE LINKED THROUGH A FAMILIAR, ACCEPTED COMMUNITY SERVICE, SUCH AS PUBLIC HEALTH, AND SHALL WORK IN PARTNERSHIP WITH THE CHILD AND THE PARENTS.

Ideally, a full range of services should be accessible through one community site. Such a community service center would include health, mental health, community education, day care, and recreational facilities.

RECOMMENDATION EIGHTEEN

ALL AGENCIES RESPONSIBLE FOR PROVIDING SERVICES TO DISTURBED OR DISABLED CHILDREN AND THEIR FAMILIES, OR FOR PROVIDING PREVENTATIVE SERVICES, SHALL IMPLEMENT A PROGRAM OF ON-GOING EVALUATIONS TO ASSESS THE EFFECTIVENESS OF THE SERVICES.

Annual reports of these evaluations will be provided to the responsible agents at the state level and to others as appropriate.

RECOMMENDATION NINETEEN

THE STATE AGENCIES RESPONSIBLE FOR PROVIDING PREVENTATIVE OR TREATMENT SERVICES FOR CHILDREN AND THEIR FAMILIES SHALL IMPLEMENT PROGRAMS OF RESEARCH TO INVESTIGATE CRITICAL QUESTIONS SUCH AS THE RELATIONSHIP BETWEEN EARLY INDICATORS AND LATER DEVELOPMENT OF DISTURBANCES, AND THE VALIDITY OF OPERATING ASSUMPTIONS ABOUT PREVENTION AND TREATMENT.

RECOMMENDATION TWENTY

APPROXIMATELY 2% OF ALL FUNDS APPROPRIATED FOR SERVICES TO DISTURBED CHILDREN SHALL BE DESIGNATED FOR RESEARCH AND EACH PROGRAM USING THESE FUNDS SHALL HAVE A THOROUGH PLAN FOR EVALUATION WHICH WILL BE INITIATED AT THE TIME THE PROGRAM COMMENCES.

RECOMMENDATION TWENTY-ONE

A COMMON DATA BANK WILL BE ESTABLISHED TO PERMIT THOROUGH RESEARCH AND LONG-TERM FOLLOW-UP OF ALL CASES.

To provide input for this bank, programs shall obtain appropriate consents and releases from their clients.

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Persons

Ben Behrent, Office of Planning, Illinois Department of Public Health, State of Illinois.

Dr. Patricia Hutinger, Director, Project Outreach, Western Illinois University, Macomb.

Marcia Maisenbacher, Parenting Education Project, Illinois Office of Education, State of Illinois.

James Nelson, Division of Family Health, Illinois Department of Public Health, State of Illinois.

Dr. Jennie Swanson, Director, Project Pre-Start, Stritch School of Medicine, Loyola University, Maywood , and Staff.

Lillian S. Tauber, Director, Division of Children's Services, Department of Human Services, City of Chicago, and Staff.

Programs

Early childhood programs, Head Start and Parent-Child Centers, administered by the Division of Children's Services, Department of Human Services, City of Chicago.

Family Focus, centers for parents-to-be, children 0 - 3, and their parents.

Outreach, a 0 - 3 rural demonstration project funded by the Bureau for the Education of the Handicapped, Macomb.

Project Pre-Start, a project serving 0 - 3 children of premature birth, funded by the Bureau for the Education of the Handicapped, Loyola University, Stritch School of Medicine, Maywood.

Vision and Hearing Screening, a statewide program, Illinois Department of Public Health.

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